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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below na	As the below named inventor(s), I/we declare that:			
This declaration	This declaration is directed to:			
Tino decidiation				
	The attached application, or Application No10/650,277, filed on08/28/2003			
	as amended on(if applicable);			
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;				
I/ we have revie amended by an	I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.				
FULL NAME O	F INVENTOR(S)			
Inventor one:	G. David Roodman			
Signature:	Citizen of: US			
Inventor two:	Sun Jin Choi			
Signature:	Citizen of: US			
Inventor three:	Yasuo Oba			
Signature:	Musew Allen Citizen of: Japan			
Inventor four:				
Signature:	Citizen of:			
Additional inver	ntors are being named onadditional form(s) attached hereto.			

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (02-01)

POWER OF ATTORNEY OR

AUTHORIZATION OF AGENT

10/650,277 **Application Number** 08/28/2003 **Filing Date** G. David Roodman **First Named Inventor** METHOD OF RESISTING OSTEOCLAST FORMATION **Title Group Art Unit Examiner Name** 214001-01028-1 **Attorney Docket Number**

I hereby appoint:				
	Customer Number 003705	Place Customer Number Bar Code Label here		
OR Practitioner(s) na	med below:	Laber Here		
Name Registration Number				
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	r agent(s) to prosecute the application ide States Patent and Trademark Office conr	•		
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	ned Customer Number.			
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I am the:				
✓ Applicant/Invent	or.			
Assignee of reco	ord of the entire interest. See 37 CFR 3.7	'1		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Yasuo Oba				
Signature Museux OU Date 02/09/2004				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
	ms are submitted.			

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All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF	INVENTOR(S)				
Inventor one:	G. David Roodman				
Signature:	- Low amil fer	Citize	n of: US		
Inventor two:	Sun Jin Choi				
Signature:		Citize	n of: US		
Inventor three:	Yasuo Oba				
Signature:		Citize	en of: Japan		
Inventor four:					
Signature:		Citize	en of:		
A.	tors are being named on	- 1111	form(s) attached		

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/650,277			
Filing Date	08/28/2003			
First Named Inventor	G. David Roodman			
Title	METHOD OF RESISTING OSTEOCLAST FORMATION			
Group Art Unit				
Examiner Name				
Attorney Docket Number	214001-01028-1			

I hereby appoint:					
Practitioners at 0 OR Practitioner(s) na	Customer Number 003705 med below:	Place Customer Number Bar Code Label here			
	Name Registration Number				
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	agent(s) to prosecute the application ide				
	espondence address for the above-identif				
	ned Customer Number.	ned application to.			
<u>OR</u>		Place Customer			
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Address					
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I am the:	Telephone Fax				
Applicant/Invente	or				
Applicativitivetic	Ji.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name G. David Roodman					
MA					
Date Z/9/04					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than one signature		· · · · · · · · · · · · · · · · · · ·			
*Total of 3 for	ms are submitted.				

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FULL NAME OF INVE	NTOR(S)				
Inventor one: G. Da	vid Roodman				
Signature:		Citizen of: US			
Inventor two: Sun J	lin Choi				
Signature:	balende	Citizen of: US			
Inventor three: Yasu	o Oba				
Signature:		Citizen of: Japan			
Inventor four:					
Signature:		Citizen of:			
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Attorney Docket Number	214001-01028-1		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	Name Sun Jin Choi				
Signature Boceans					
Date	Feb. A	46			
•			or their represent	tative(s) are required. Submit multiple	
	signature is required, see b forms are submitted				
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